



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Hawthorn House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	05 April 2024
Centre ID:	OSV-0008558
Fieldwork ID:	MON-0040277

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Hawthorn House is a two storey building located in a rural area close to a number of large towns. Hawthorn House aims to provide 24-hour care to a maximum of five adults with disabilities both male and female aged 18 years of age onwards with a wide range of support needs including Intellectual Disabilities, Autism Spectrum Disorder (ASD), Mental Health & challenging behaviour. Hawthorn House Team uses a social model of care which endeavours to mirror a family/home environment whilst also providing support in all aspects of care to Individuals.

At Hawthorn House, each Individual has their own generously sized bedroom and en-suite. The ground floor consists of Kitchen/dining, entrance hallway, utility, living room, office, accessible WC, store & a conservatory. On the first floor there are three bedrooms with en-suites, hot press, & landing. Each floor also has a separate supported living environment each with a bedroom with en-suite & living/dining area. The property is surrounded by gardens. Amongst the local amenities are hairdressers, a library, local parks, a community centre, GAA club, selection of restaurants, and social groups.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 5 April 2024	08:10hrs to 16:20hrs	Deirdre Duggan	Lead

## What residents told us and what inspectors observed

From what the inspector observed, residents in this centre enjoyed good quality supports and were offered a person centred service, tailored to their individual needs and preferences. Residents were seen to be well cared for in this centre, and there were local management systems in place that ensured a safe and effective service was being provided. The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them and that residents were being supported and encouraged to increase their access and participation in the community.

The centre is a large standalone two-storey house with two apartment areas included in the footprint. The main communal area of the house can accommodate three residents and both apartment spaces are single occupancy and were linked to the main centre. The centre is located near a main road in a rural area and residents had access to a large secure landscaped back garden. The resident living in the apartment at the time of the inspection had access to a secure outdoor area outside of their apartment and this was seen to have been minimally decorated and laid with artificial grass in line with the preferences of this resident.

The centre had opened in the previous year and was not yet fully occupied at the time of this inspection. The centre could accommodate up to five residents and there were three residents living in the centre at the time of the inspection, one in each apartment space and another in the main house. Another resident was in the process of transitioning into the main house and there were potential plans for another resident to transition into the remaining bedroom also. One previous resident had transitioned out of the centre to another permanent placement in line with the plans that were in place for them.

At the time of this inspection there were works being carried out on the grounds to convert a garage into a standalone single occupancy apartment area and the inspector was told that the provider intended to submit an application to vary the footprint and capacity of the centre once those works were completed. The inspector saw that these works were being managed so that they did not impact on the residents living in the house and were fenced off to keep residents safe while the works were ongoing.

At the time of this inspection, due to the centre not yet being at full capacity, each resident had a living space dedicated to their sole use. Residents' living spaces were seen to be decorated in line with the preferences and assessed needs of the individual residents using them. One resident had very specific preferences around what could be present in their environment and input had been sought from multidisciplinary professionals about this. Where desired by the resident, residents' bedrooms and living areas were personalised. There were areas available to each resident where residents could relax and meet with visitors. There were suitable cooking and laundry facilities available. While there were a number of restrictions in

place in this centre for health and safety reasons, overall these were seen to be carefully considered.

The inspector had an opportunity to meet with all of the residents of this centre and to view all parts of the registered designated centre. Residents were observed leaving and returning to the centre for planned activities throughout the day. Residents communicated with the inspector using their own communication styles. All residents interacted briefly with the inspector but due to residents' own specific preferences, interaction with residents tended to be brief to limit the impact of the presence of the inspector. However, the inspector was able to observe residents as they went about their daily routines and heard and observed some staff interactions with residents throughout the day. A resident was observed eating meals in the kitchen of the centre and to move about independently to get a jigsaw and write their daily schedule on a whiteboard. Staff were later seen to refer to this whiteboard and this indicated that the resident was self-directing their own activities to a certain degree. Another resident was observed in the company of two staff in his apartment watching a preferred TV programme. They were observed to indicate to staff their preferences in relation to the TV and it was seen that the staff working with the resident were familiar with how the resident communicated and their individual preferences. The third resident was met in his apartment space and was observed to be well supported also by staff that were familiar with him and his specific support needs.

Two of the three residents left the centre on the day of the inspection for planned drives and activity. The third resident did not often leave the centre but information viewed in their documentation showed that they had recently commenced going on drives in the centre vehicle and that this was significant progress for this resident. On the day of the inspection, two vehicles were available to residents and staff and management reported that this was sufficient to meet the needs of the current residents in the centre.

Staff were observed and overheard to interact respectfully and appropriately with residents and to respond to residents' individual communication styles. Staff spoken to during the inspection presented as committed to the residents that they cared for. A staff member spoke to the inspector about how residents' rights were promoted in the centre, such as a residents' right to refuse. They told the inspector that by working with residents' on their independence with daily living skills, such as dressing, that this had empowered the resident and was respecting the residents' right to dignity and privacy.

Overall, this inspection found that there was evidence of very good compliance with the regulations and that this meant that residents would be afforded safe services that met their assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

Management systems were seen to be in place in this centre that provided for a high quality, responsive and person centred service to the residents living there. Local management systems were in place that ensured that the services provided within the centre were safe, consistent and appropriate to residents' needs. The centre was seen to be adequately resourced. Residents had access to transport to facilitate medical appointments and social and leisure activities, staffing in the centre was appropriate to the needs of residents and the premises was fit-for-purpose and maintained to a high standard.

This centre had been registered in May 2023 and this was the first inspection of the centre since residents had moved in. There had been a very recent change in the management of the centre and a new person in charge had been appointed. This short notice announced inspection found that this centre was well managed and had good systems in place to ensure that residents received appropriate care and support.

The person in charge reported to a Director of Operations (DOO) who in turn reported to a Senior Director of Operations. Above this, there was a clear line of management identified up to the Board of Management and this was outlined in the statement of purpose for the centre. The inspector viewed the statement of purpose and the directory of residents in respect of this centre. Both of these important documents had been updated to reflect recent management and resident changes in the centre.

The person in charge and the DOO of this centre were both present on the day of the inspection. The person in charge had recently been promoted to this role, having previously occupied a team leader role in the centre, and was very familiar with the residents that lived in this centre. The inspector had an opportunity to speak at length with this individual throughout the day and to observe them during interactions with the residents that lived in the centre. The person in charge was seen to maintain good local oversight of the centre and was focused on building a rights based service in the centre that was tailored towards the needs of the residents that lived there. They were full-time in their role and had remit of this designated centre only. They told the inspector about the management systems that were in place and the supports that were available to them to ensure that they were able to maintain full oversight of this centre. They spoke to the inspector about their aims for the service including increased community access for the residents' living there.

The DOO spoke with the inspector also and told the inspector that they had recently been appointed to this role also. They spoke about the progress that had been made in the centre since the residents' had been admitted and about how the quality of life of some residents had improved since moving into the centre. This individual presented as knowledgeable about the centre and the residents that lived

there and spoke about the aims and objectives of the centre moving forward.

Organisational structures such as audit systems were in place to support staff and management of the centre, and provide oversight at provider level. It was seen that the audit systems in place in the centre ensured that any issues were identified and acted upon in a timely manner. The inspector saw that a number of audits had been completed in the centre and there was evidence that actions identified in these were being completed.

The inspector found that residents were being admitted to this centre in a planned manner. Comprehensive needs assessments were completed prior to any resident being admitted to the centre and some of these were viewed by the inspector. Residents and their families had been offered the opportunity to visit the centre prior to admission. One new resident was in the process of transitioning into the centre and the plans in place around this considered the residents' needs and preferences and were designed to ensure that this transition was completed in a manner that would not cause distress to the resident and respected their own wishes during this period of change in their lives.

Staff spoken to and observed during the inspection were very familiar with residents' needs, likes and dislikes. This provided residents with continuity of care and consistency in their daily lives. New staff were provided with appropriate training to support them in their roles. Staff spoke very positively about the management of the centre and told the inspector that they felt comfortable to raise concerns and that any concerns raised were dealt with promptly and appropriately.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

## Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. The registered provider had submitted appropriate documentation to the Chief Inspector to show that this person possessed the required qualifications, experience and skills for the role. This was reviewed by the inspector prior to the inspection. The person in charge was seen to maintain good oversight of the centre. The person in charge was full time in their role as is required by the regulations.

Judgment: Compliant

## Regulation 15: Staffing

The centre was staffed by a core team of suitably skilled and consistent staff that

provided continuity of care for residents. Residents were supported by a team consisting of social care workers and assistant support workers. At the time of the inspection, staffing levels were appropriate to the number of residents living in the centre and to meet the assessed needs of residents.. While the number of social care workers working in the centre was not in line with the statement of purpose, the person in charge told the inspector that recruitment was ongoing for vacancies and that in the interim additional assistant support workers were rostered to fill any gaps. A sample of rosters was viewed and this showed that usually six staff supported residents by day and two by night. A shift lead was identified on the roster and there were oversight arrangements in place for periods when the person in charge was not present in the centre. The person in charge reported that there was a low turnover of staff in the centre and many staff spoken to had worked in the centre since it had opened. A planned and actual staff rota was maintained in the centre. Where it had been identified that additional staff would support community access for a resident, this had been put in place. There were no volunteer or agency staff providing support to residents in this centre at the time of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The training needs of staff were being appropriately considered. The inspector viewed a training matrix for nineteen staff that were also named on the centre roster. This matrix showed that staff were provided with training appropriate to their roles and that the person in charge was maintaining good oversight of the training needs of staff. Mandatory training provided included training in the areas of manual handling, fire safety awareness, fire marshall training, and safeguarding of vulnerable adults and all of this training was indicated to be up-to-date on the matrix provided. A random sample of recent supervision records for three staff was viewed by the inspector and these indicated that staff were being provided with appropriate formal supervision and had an opportunity to raise and discuss concerns.

One staff member spoke with the inspector about their induction process into the centre and how that had supported them in their role. They told the inspector that they felt very well supported in their role and about the training and supports they received to carry out their duties.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre and was viewed on the day of the inspection. This document included details as set out in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The findings of this inspection found that overall the designated centre was resourced by the provider to ensure the effective delivery of care and support in accordance with the statement of purpose at the time of the inspection and that the management systems in place were ensuring that the service provided was appropriate to residents' needs.

The person in charge and DOO spoke with the inspector during the inspection. The person in charge was found to be knowledgeable about the residents and their support needs and was maintaining good oversight of the centre at the time of this inspection. Both individuals were familiar with any issues that had been raised in the centre and were able to tell the inspector about how these were managed.

The inspector viewed records of audits that were being completed on an ongoing basis in respect of the centre and a sample of four audits was reviewed by the inspector. The person in charge showed the inspector a 'Key Task List' that identified when specific actions were required. There was a clear process in place to identify any issues and at the time of this inspection, action was being taken in relation to issues identified. The records relating to staff meetings held in February and March 2024 were reviewed. There was evidence that important learning was being disseminated to the staff team through these meetings, such as information relating to safeguarding, identified learning from incidents and planned admissions to the centre. A sample of incident records viewed showed that incidents were being reported to the Chief Inspector as required.

The most recent unannounced six-monthly visit had been conducted in the centre in October 2023 by a representative of the provider. These unannounced visits are specifically required by the regulations and are intended to review the quality and safety of care and support provided to residents. A report of this unannounced visit was reviewed by the inspector and it was seen that this review was identifying issues as appropriate. An action plan was put in place following the provider unannounced visit and this included timeframes and the person responsible for ensuring each action was completed. These actions were all recorded as completed at the time of the inspection.

As the centre was not yet operating for over a year, no annual review had been completed at the time of the inspection.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Residents and their families were informed about and consulted with prior to admission into the centre. A transition plan viewed for the resident that was moving into the service from home at the time of the inspection was viewed and this showed that the resident and their family had visited the centre and was being supported to transition gradually into the centre. Resident compatibility had been considered prior to the admission of residents to the centre. Two contracts of care were viewed by the inspector and both of these had been signed by the resident.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was present in the centre. This document was reviewed and contained all of the information as specified in the regulations. An easy-to-read version of this document was available also.

Judgment: Compliant

## Quality and safety

The wellbeing and welfare of residents in this centre was maintained by a good standard of evidence-based care and support. Safe and good quality services were provided to the three residents that lived in this centre at the time of this inspection. The inspector viewed a number of documents throughout the day of the inspection, including a sample of residents' personal plans, healthcare support plans and positive behaviour support guidelines. The documentation viewed was seen to be well maintained, and information about residents was overall up-to-date and person-focused.

Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. These plans were developed following a comprehensive needs assessment that had been completed prior to residents' admission to the centre and identified the supports residents' required and the goals in place to support resident development and enhance their quality of life. Tracking sheets recorded the progress of residents' learning or development and these showed progress with some of the desired learning and development

outcomes identified.

The person in charge told the inspector about changes that had been made to one residents' living space that had contributed to a reduction in their anxiety and a reduction in incidents in the centre. This resident had been supported to move into a single occupancy apartment space after another resident had moved out and this was found to suit their needs better. Significant input from appropriate professionals was provided to residents who required mental health supports and there was significant multi-disciplinary (MDT) input in this centre.

Two of the residents living in this centre would find it difficult to access the community in a meaningful way, because of the specific supports that they required and their own personal preferences. The person in charge told the inspector that the MDT team had made recommendations to improve activation for residents. The person in charge also told the inspector about how some residents were beginning to access the community more regularly than they used to. To support a resident to begin to access the community more regularly, the provider had put in place additional staffing specifically for this purpose. The inspector was told that one resident was now going on daily walks in public places. This was significant for this resident as prior to their admission to the centre they would have not have accessed community places on a regular basis.

A sample of daily records for this resident was viewed. These indicated that the resident was being offered activities throughout the day and it was documented when a resident was offered an activity and declined to participate. The residents' preferred activities were recorded and the records viewed indicated that this resident was offered these activities regularly. Another resident usually accessed a day service but this was closed at the time of the inspection and in the interim, the resident was being facilitated to access activities from the centre. This resident enjoyed, and was facilitated to, attend activities including horse-riding, swimming and bowling.

No complaints had been recorded in respect of the centre to date but a number of compliments had been recorded from representatives and family members of residents about the care that residents were receiving in the centre. The ongoing and future needs of residents were being considered. For example, the management in the centre told the inspector that there were plans to install a sensory room in the garden of the centre and it was felt that this would benefit one resident in particular.

Individual risk assessments and management plans were viewed to be in place in residents' personal files also and these outlined controls in place to mitigate against and safeguard residents against specific risks. From observing residents in the centre and speaking to staff and management, the risk management plans and controls in place for residents appeared to be appropriate.

Overall, this inspection found that the residents' living in this centre were being provided with opportunities and services that would enhance and improve their quality of life and the staff and management team were focused on ensuring a

rights based service, that met residents' needs, was being offered in this centre.

### Regulation 11: Visits

The registered provider facilitated the residents to receive visitors if they wished. Each resident had an area in the centre that was suitable to facilitate residents to receive visitors in private if they wished.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. Separate living areas were available for some residents in line with their assessed needs and preferences. Resident bedrooms and living areas were seen to be decorated in a manner that reflected the individual preferences of residents. Consideration had been given to the needs of residents in relation to their environment. For example, one resident who had specific preferences in relation to what was kept in their living area, was supported. The centre was observed to be clean throughout on the day of the inspection and overall the centre was bright and airy throughout and communal areas were seen to be homely and welcoming. There was suitable outdoor areas available for the use of residents.

Overall, the inspector saw that the centre was very well maintained. The centre was seen to be tastefully decorated throughout and maintenance issues were reported to be responded to promptly. The provider employed dedicated maintenance staff that were available to the centre if required.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide was in place that set out the information as required in the regulations.

Judgment: Compliant

## Regulation 25: Temporary absence, transition and discharge of residents

The inspector reviewed the arrangements in place for residents to transition into this designated centre. The person in charge had ensured that a resident had received support as they transitioned between residential services. For example, one resident had transitioned into the centre from a children's residential service. A transition plan was viewed for this individual and the person in charge also spoke about this process. Prior to the planned move, staff from this designated centre had supported the resident in the centre that they were living in then, so that the resident would be familiar with them. Staff from the children's service had also supported the transition by moving with the resident to their new centre for a period of time. This meant that the impact on the resident of this change was reduced and that there was continuity of care provided for them during the transition period.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire safety systems such as emergency lighting, fire alarms, fire extinguishers and fire doors were present and observed by the inspector during the initial walk-around of the centre. Labels on the fire-fighting equipment such as fire extinguishers identified that there was regular servicing and checks carried out to ensure this equipment was fit for purpose and appropriately maintained.

Fire evacuation records from January-March 2024 were reviewed in the centre by the inspector. These showed that all residents and staff had taken part in fire evacuation drills and that a drill had been planned following the admission of a new resident to the centre. Learning was documented on the fire drill records. A fire drill had not yet been completed that simulated the staffing levels at night since a reduction in these following the transfer of a resident out of the centre. The inspector requested further assurances be provided to show that two staff could evacuate all three residents at night. The DOO informed the inspector in the days following the inspection that an additional fire drill simulating current staffing levels had been successfully completed in the centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Personal plans were in place for all residents living in the centre and residents were being afforded opportunities to set and achieve goals. Plans in place provided good guidance to staff about the supports residents required to meet their healthcare,

social and personal needs. The inspector saw that goal planning was documented in the centre and that there was ongoing consideration of changes that occurred for residents.

All three residents' personal plans were reviewed by the inspector. Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. These plans were developed following a comprehensive needs assessment that had been completed prior to residents' admission to the centre and identified the supports residents' required and the goals in place to support resident development and enhance their quality of life. Tracking sheets recorded the progress of residents' learning or development and these showed progress with some of the desired learning and development outcomes identified. Goals varied depending on the particular interests and capacities of residents but some of the goals set by residents included visiting Santa's grotto at Christmas, attending a GAA match, improving road safety awareness and trialling new activities.

Staff spoken to were familiar with the goals that residents had. The inspector viewed information in the planning documentation about how residents were consulted with about their goals. This included the use of visuals such as photographs to aid communication with some residents about their goals and the choices they had in relation to them. The inspector also saw numerous pictures in residents' plans and documentation that showed that residents were achieving some of these goals.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were some restrictions in place in this centre. These in were in place to promote the safety and wellbeing of residents and there was rationale provided for all of the restrictions in place. The documentation viewed showed that these were reviewed regularly and that there were planned and considered efforts to reduce or eliminate restrictions where possible and safe to do so.

One resident had very recently moved into an apartment space in the centre and overall this provided for a more appropriate environment for this resident and this was a positive change for them. There was a keypad on the door leading to this space from the main house and this was the only point of access to this space. While rationale was provided for this keypad, it was seen that some of the documentation in place had not yet been updated to reflect the recent change in environment for this resident and did not take into account how this additional restriction could potentially impact on their free access to the outdoors at times. Access to the outdoors and spending time in the garden was identified as important for this resident in their personal plan. Given their overall interest in activation was poor, it would be important that this was facilitated and encouraged. The person in

charge and DOO provided assurances in relation to this on the day of the inspection and the inspector observed that the resident did leave his space to go outside for a period in the afternoon.

Comprehensive positive behaviour support guidelines were in place to guide staff to support residents where required and reactive strategies were outlined for staff that provided clear guidance on responsive behaviours and how to support residents to manage these.

Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to protect residents from abuse and the findings of this inspection indicated that residents were safe in this centre. Policies and procedures in relation to safeguarding and intimate care were in place and were all dated as reviewed in late 2023. Any safeguarding concerns that had been identified had been reported to the chief inspector as appropriate and referred through the appropriate channels.

Prior to the inspection, the inspector requested assurances be provided in relation to the appropriate Garda vetting of staff working in the centre. Some human resource (HR) records were provided to the inspector on the day of the inspection and these indicated that appropriate vetting disclosures had been obtained in respect of all staff on the centre roster. Training records reviewed showed that staff had appropriate training in safeguarding and protection and welfare.

Staff interviewed during the inspection all confirmed that they felt residents were safe in this centre and were familiar with how to identify and report a concern. Staff confirmed that they would be comfortable to report any safeguarding concerns that they identified. Rosters viewed indicated that staff rarely lone worked in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

There was a strong focus on resident rights in this centre. Residents were supported to exercise their rights and the inspector was told by staff and management about how residents were supported to have choice and control over their daily lives and participate in meaningful activities of their own choosing. Staff were observed to speak to and interact respectfully with residents and the person in charge and staff team spoke about residents in a manner that was rights focused. Records reviewed in relation to one residents forum meeting showed that residents were consulted

with and informed prior to a new resident being admitted to the centre. Topics discussed during these forums included rights, activities and food choices and pictures were used to assist some residents in communicating around these matters.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant